Towing Registration Application Form



Fairfax County Department of Cable and Consumer Services Regulation and Licensing Branch

12000 Government Center Parkway, Suite 127
Fairfax, Virginia 22035-0047
703-324-5966 TTY 711 fax 703-449-8659
http://www.fairfaxcounty.gov/consumer/licensing.htm

dccs-ralb@fairfaxcounty.gov

Date of application:	:	Approved by:	Date:
Application Instructions:	 Complete all applicable blanks on this form. Current business license Certificate of Liability Insurance. (Must show Zoning permit for each storage site where to Send all required documents to Regulation and 	Fairfax County Regulation & L	Licensing Branch as Certificate Holder)
Application Type	: In County Storage - Registration Certificate		
	In and Out of County Storage - Locality Permit	* Requires fee of \$600	D, payable to County of Fairfax
Principle Business Office	_		
Company Name		Name of owner or CEC)
Contact person		Position	
Address		E-mail Address	
City, State, and Zip		Tolophono #	
Telephone #		Fax #	
How many tow trucks will y	ou be operating for the purpose of trespass towir	ng from locations in Fairfax Co	unty?
	List all locations where tresp	ass towed vehicles will be	e stored.
Storage Site #1	Your vehicle capacity	Storage Site #2	Your vehicle capacity
Name		Name	
Address		Address	
City, State, and Zip		City State and 7in	
Telephone #		Telephone #	
Zoning		Zoning	
	(District and Permit #)		(District and Permit #)

Towing Registration Application Form (continued)

Storage Site #3	Your vehicle capacity	Storage Site #4	Your vehicle capacity
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Telephone #		Telephone #	
Zoning		Zoning	
	(District and Permit #)		(District and Permit #)
Storage Site #5	Your vehicle capacity	Storage Site #6	Your vehicle capacity
Name		Name	_ , , , , , , , , , , , , , , , , , , ,
Address		Address	
City, State, and Zip		City, State, and Zip	
Telephone #		Telephone #	
Zoning		Zoning	
	(District and Permit #)		(District and Permit #)
Storage Site #7	Your vehicle capacity	Storage Site #8	Your vehicle capacity
Name		Name	_
Address		Address	
City, State, and Zip		City, State, and Zip	
Telephone #		Telephone #	
Zoning		Zoning	
	(District and Darmit #)		(District and Dormit #)